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Bringing focus:

a monitoring framework for sexual and reproductive health in Australia

AIHW

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Contents

Summary

Sexual and reproductive health is fundamental to health and wellbeing across every stage of a person's life. Despite this, there are gaps in national data, statistics and monitoring information in Australia.

The Australian Government funded the Australian Institute of Health and Welfare (AIHW) to develop a National Sexual and Reproductive Health Monitoring Framework (the Framework), Data Strategy, and reporting to fill these data and information gaps.

The goal is to ensure that there is timely and reliable information about sexual and reproductive health experiences, services and systems to:

- inform evidence-based policy and decision-making
- support service planning and delivery
- improve outcomes, including those related to equity, access and quality.

What is the monitoring framework?

The Framework provides a conceptual structure to monitor, understand and respond to sexual and reproductive health in Australia. It identifies what is important to monitor to:

- support improved health and care outcomes throughout a person's life, including in relation to equity, access and quality
- inform evidence-based policy and service provision
- align with policy and stakeholder priorities.

It is guided by an overarching question:

How timely, accessible and high-quality is sexual and reproductive health care for all in Australia?

The Framework takes a person-centred, whole-of-life approach that focuses on:

- who is – and who is not – accessing sexual and reproductive health care when they need it
- barriers to seeking and receiving care
- experiences of those who access care.

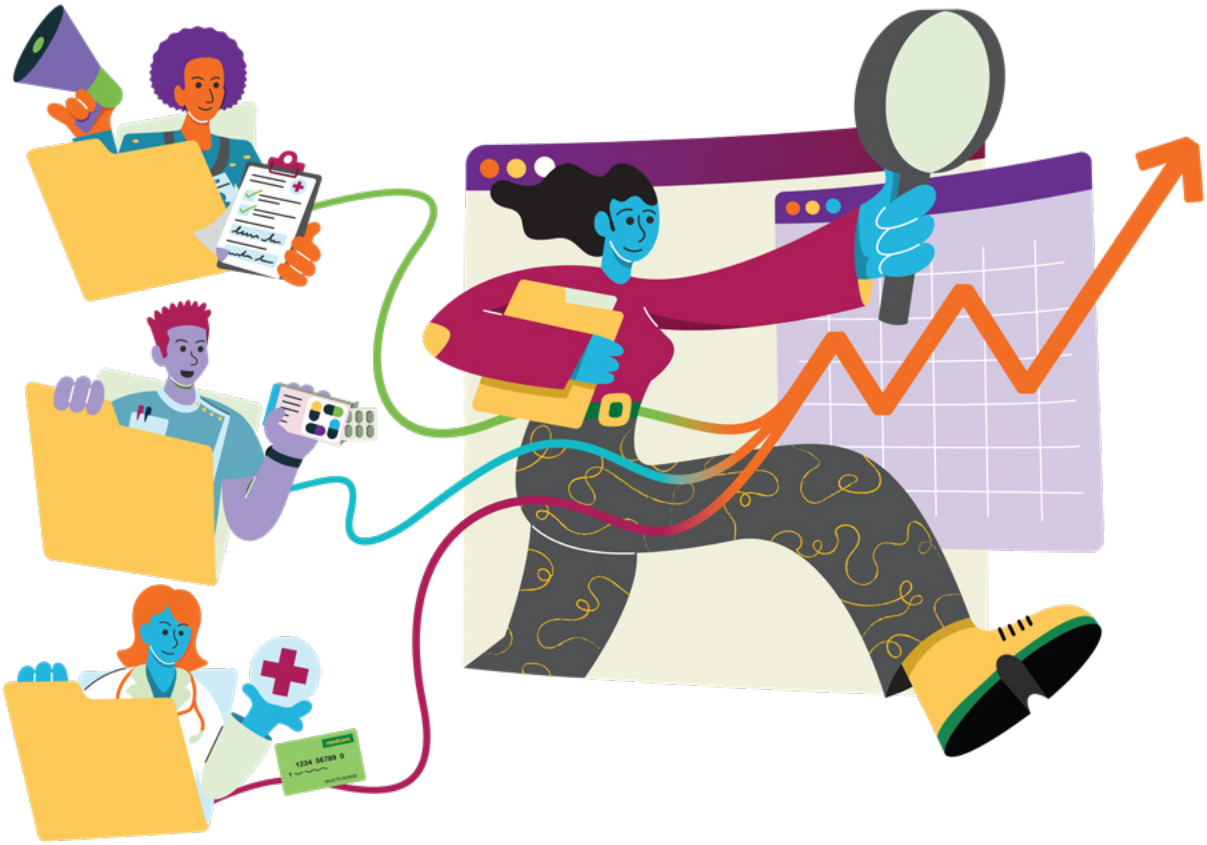
The Framework has been developed to cover the full scope of sexual and reproductive health in Australia and is designed to apply beyond the AIHW's work program. It examines equity, access, quality and broader factors that influence sexual and reproductive health and services. It will be routinely reviewed to ensure that it remains relevant and effective towards achieving its goal.

Initial priority topics

While the Framework is designed to encompass all areas of sexual and reproductive health, the Data Strategy and initial reporting focus on 5 priority topics, listed below. These were selected and agreed in consultation with the Department of Health, Disability and Ageing based on current policy priorities, recent government inquiries, and areas where the largest national data gaps were identified, and are:

- menstrual disorders, symptoms and related conditions (including endometriosis)
- contraception
- pregnancy loss before 20 weeks' gestation (including miscarriage)
- termination of pregnancy, also known as abortion
- perimenopause and menopause.

Further details of the scope of each initial priority topic are included in the Data Strategy. These topics are a starting point for reporting, with additional topics likely to be added over time. It is expected that the AIHW's work will evolve to reflect the dynamic nature of sexual and reproductive health and changing stakeholder needs.



1 Introduction

This document sets out the purpose and structure of the National Sexual and Reproductive Health Monitoring Framework. This Framework outlines what should be measured to understand sexual and reproductive health in Australia, while the accompanying Data Strategy details how data will be developed, analysed and reported. Together, they support consistent, evidence-based monitoring of sexual and reproductive health in Australia to inform policy, service planning and decision-making.

Sexual and reproductive health and rights (Box 1.1) are core parts of health and wellbeing at every stage of life. These health issues and rights include people's ability to:

- make informed decisions
- exercise autonomy about their bodies, relationships, sexuality, fertility and reproduction
- access safe, timely and appropriate care when they need it.

Box 1.1: Defining sexual and reproductive health and rights

'Sexual and reproductive health refers to a broad range of services that cover access to contraception, fertility and infertility care, maternal and perinatal health, prevention and treatment of STI [sexually transmitted infections], protection from sexual and gender-based violence, and education on safe and healthy relationships.

Experiencing sexual and reproductive health means that a person has complete physical, mental and social well-being in all matters relating to their reproductive system and its functions. In everyday life, this means that people are able to have satisfying and safer sex, to have healthy pregnancies and births, and decide if, when and how often to have children.

Access to sexual and reproductive health services is a human right and should be available to all people throughout their lives, as part of ensuring universal health coverage. This not only contributes to improved health outcomes, but also to gender equality and wider development' (WHO 2025b).

Experiences of sexual and reproductive health vary, and change over time due to contextual and biological factors. They can be positive, joyful and fulfilling; and they can also be physically and emotionally challenging. There are variations in equity and consistency in accessing health and care services. People may have unmet needs, unresolved symptoms and conditions, or experience adverse outcomes. Care can be empowering and effective. However, it is not always responsive or accessible. People may also face barriers to accessing timely and appropriate care. These experiences can positively and negatively affect physical and mental health, as well as social and workforce participation.

Currently there are gaps in national data, statistics and monitoring information in Australia. These gaps limit our ability to understand people's experiences of sexual and reproductive health, but also to assess the timeliness, accessibility and quality of care, and to determine whether policy goals are being achieved.

The Australian Government funded the AIHW to develop a National Sexual and Reproductive Health Monitoring Framework, alongside a Data Strategy and reporting. Together, this work seeks to strengthen the sexual and reproductive health evidence base in Australia. It identifies what is important to monitor to inform evidence-based policy and decision-making, and to improve service planning, delivery and outcomes, including those related to equity, access and quality.

The Framework covers the full scope of sexual and reproductive health in Australia and is intended to apply beyond the AIHW's work program. It identifies what is important to monitor to:

- support improved health and care outcomes throughout a person's life, including in relation to equity, access and quality of care
- inform evidence-based policy and service provision
- align with policy and stakeholder priorities.

This approach is consistent with international definitions and global health frameworks and is guided by the principles outlined in Section 4 of this report.

The accompanying Data Strategy has an initial focus on a defined set of priority topics. These 5 initial priority topics were selected due to their public health significance and limited national data. The topics were agreed in consultation with the Department of Health, Disability and Ageing and respond to policy priorities and data-related recommendations from recent government inquiries (Senate Community Affairs References Committee 2023, 2024).

The 5 initial priority topics are:

- menstrual disorders, symptoms and related conditions (including endometriosis)
- contraception
- pregnancy loss before 20 weeks' gestation (including miscarriage)
- termination of pregnancy, also known as abortion
- perimenopause and menopause.

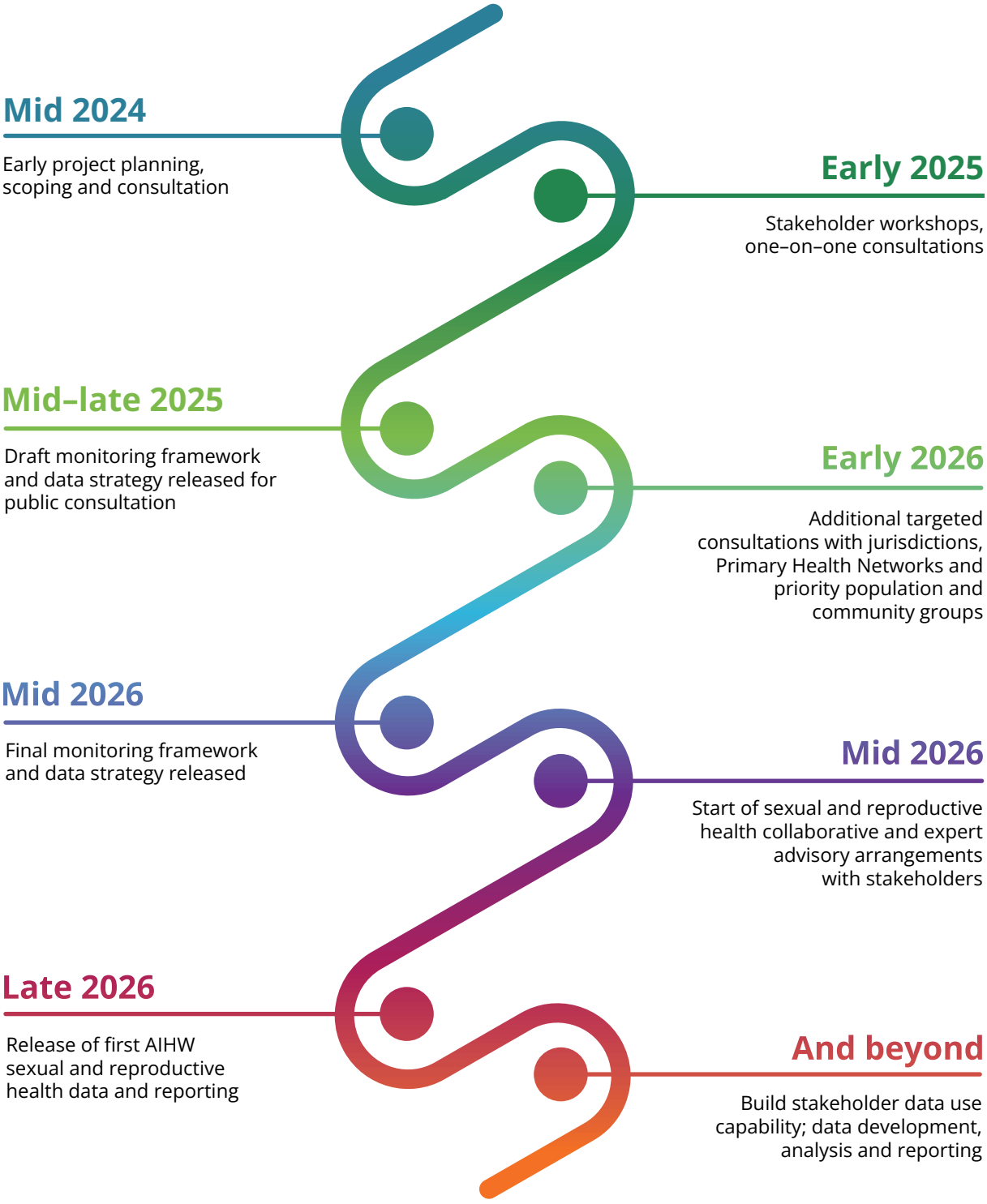
These topics are defined in the AIHW sexual and reproductive health glossary, and further details of the scope of each initial priority topic are included in the Data Strategy. The Data Strategy outlines a proposal to develop, analyse and report data in relation to the initial priority topics but with the potential to expand to additional topics over time. The data may include quantitative and qualitative data (such as case studies, economic analyses and consumer perspectives), the availability of which will vary across topics.

Both the Framework and accompanying Data Strategy are expected to evolve to reflect emerging evidence, data availability and the information needs of stakeholders.

How the Framework was developed

Development of the Framework began in mid-2024. The Framework and accompanying Data Strategy were refined in response to feedback and are now moving into data development, analysis and reporting (Figure 1.1).

Figure 1.1: Timeline of Framework and Data Strategy development



The Framework has been informed by existing evidence and policy to ensure it reflects stakeholder priorities and the broader sexual and reproductive health context in Australia.

This includes but is not limited to documented priorities and recommendations from:

- national policy contexts, including the *National Women's Health Strategy 2020–2030* (Department of Health 2019b), the *National Men's Health Strategy 2020–2030* (Department of Health 2019a) and recent Senate inquiries related to sexual and reproductive health (Senate Community Affairs References Committee 2023, 2024) and subsequent Australian Government responses (Australian Government, 2025a, 2025b)
- existing jurisdictional frameworks, including the Queensland Sexual Health Framework 2021 (Queensland Health 2021) and the Tasmanian Sexual and Reproductive Health Collaborative Group Strategic Framework 2024–2030 (Sexual and Reproductive Health Collaborative Group 2024)
- national frameworks, including the draft Australian Health System Performance Assessment Framework
- international frameworks and programs (Data4Impact Project 2020; Johnston et al. 2024; OECD Development Centre 2025; UNFPA 2023; WHO 2017, 2024).

Response to feedback from public and stakeholder consultations

The draft Framework and Data Strategy were available for public consultation from 17 September to 16 November 2025. To ensure the work reflected stakeholder priorities and data needs, the AIHW undertook further targeted engagement with priority population and community groups, jurisdictional departments and Primary Health Networks.

The feedback identified several key themes that the AIHW has responded to:

Scope of topics and data gaps

Stakeholders appreciated and acknowledged the need for monitoring and information on the 5 initial priorities. Feedback highlighted the many sexual and reproductive health topics beyond the 5 initial priority topics, and that national data gaps remain across these areas.

Response

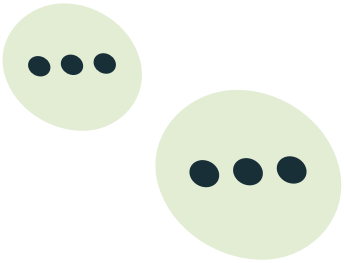
Additional and linked topics were more clearly articulated. Section 2 of this report was expanded to better reflect the broad scope of sexual and reproductive health. Intersectionality was also strengthened throughout the Framework.

Terminology, accessibility and clarity

Feedback indicated that terminology, language and accessibility could be improved.

Response

The Framework now uses more inclusive and strengths-based language, and recognises that preferred terminology can change over time and vary across individuals and groups. Greater emphasis was also placed on positive outcomes. Language and figures were simplified to improve readability, and companion resources were developed to support use of the Framework and Data Strategy.



Governance and stakeholder engagement

Feedback highlighted the need for more detail on governance and ongoing stakeholder engagement.

Response

The Framework now provides a clearer description of how the AIHW is progressing the implementation of the Framework for Governance of Indigenous Data. Further detail on future governance and engagement is provided in the Data Strategy, including ongoing community input, proposed expert topic advisory groups, and sexual and reproductive health data user experience forum. Efforts will be undertaken to build stakeholder capacity in using and working with the data.

Links to reporting outputs

Feedback indicated that clearer links were needed between the Framework, monitoring process and data reporting outputs.

Response

Links between the Framework domains and Data Strategy were refined, and the approach to regular review and reporting cycles made clearer. Confidentiality and privacy considerations were expanded in the Data Strategy (see 'Data privacy and security'). An implementation plan has been added to the Data Strategy, outlining reporting and analysis approaches for each priority topic over the next 6–18 months. Reports will explicitly link to the Framework where data is available.

2 Sexual and reproductive health is complex

Sexual and reproductive health conditions and experiences can affect a person's physical and mental health throughout life. They are often interconnected. For example, having a first menstrual period before the age of 11 is strongly associated with menopause starting before the age of 45. Endometriosis is associated with an increased likelihood of pregnancy loss; and a history of recurrent pregnancy loss, and/or stillbirth is associated with a higher risk of experiencing early menopause (Huang et al. 2020; Liang et al. 2023; Mishra et al. 2017). These relationships connect to broader health issues such as infertility, chronic pain and poorer mental health.

Conditions and sexual and reproductive health experiences do not occur in isolation. They are shaped by a range of factors, including demographic characteristics, biological and genetic factors, as well as social and economic circumstances, culture, religion, and other factors.

Sexual and reproductive health includes a wide range of conditions and experiences across a person's life, including but not limited to those outlined in the following pages.

Menstrual and pelvic health, including:

- access to menstrual health products and resources
- Asherman syndrome
- heavy menstrual bleeding
- (in)continence
- pelvic inflammatory disease
- perimenopause and menopause, including hormone therapy
- premature ovarian insufficiency
- premenstrual dysphoric disorder
- polyendocrine metabolic ovarian syndrome (PMOS), previously known as polycystic ovary syndrome (PCOS)
- blood-borne viruses and sexually transmitted infections, including congenital syphilis

Experiences of fertility and infertility, including:

- conception
- contraception
- involuntary childlessness
- medically assisted reproduction, including assisted reproductive technology and a focus on preconception factors
- sperm count
- thyroid disorders

Experiences of pregnancy, including:

- experiences of birth, including live birth, stillbirth and trauma
- postnatal health and wellbeing
- pregnancy loss
- prenatal diagnosis
- psychosocial outcomes
- quality of antenatal care
- termination of pregnancy (abortion)

Long-term health impacts of pregnancy and birth, including pelvic floor issues and prolapse, and post-partum mental health

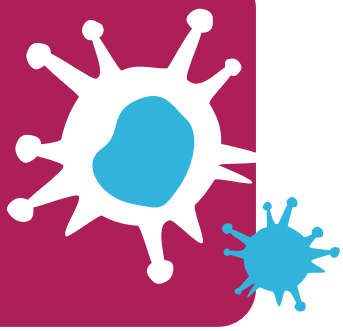
Experiences of sex, including:

- consent
- erectile dysfunction
- pleasure, satisfaction and libido
- reproductive coercion and abuse
- sexual assault or violence, prevention and support measures
- sexual autonomy
- sexual function and dyspareunia (painful sex)

Experiences of gender, including:

- gender-affirming health care
- gender-based violence, and prevention and support measures

Sexual and reproductive health-related cancers, including historical links to diethylstilboestrol exposure



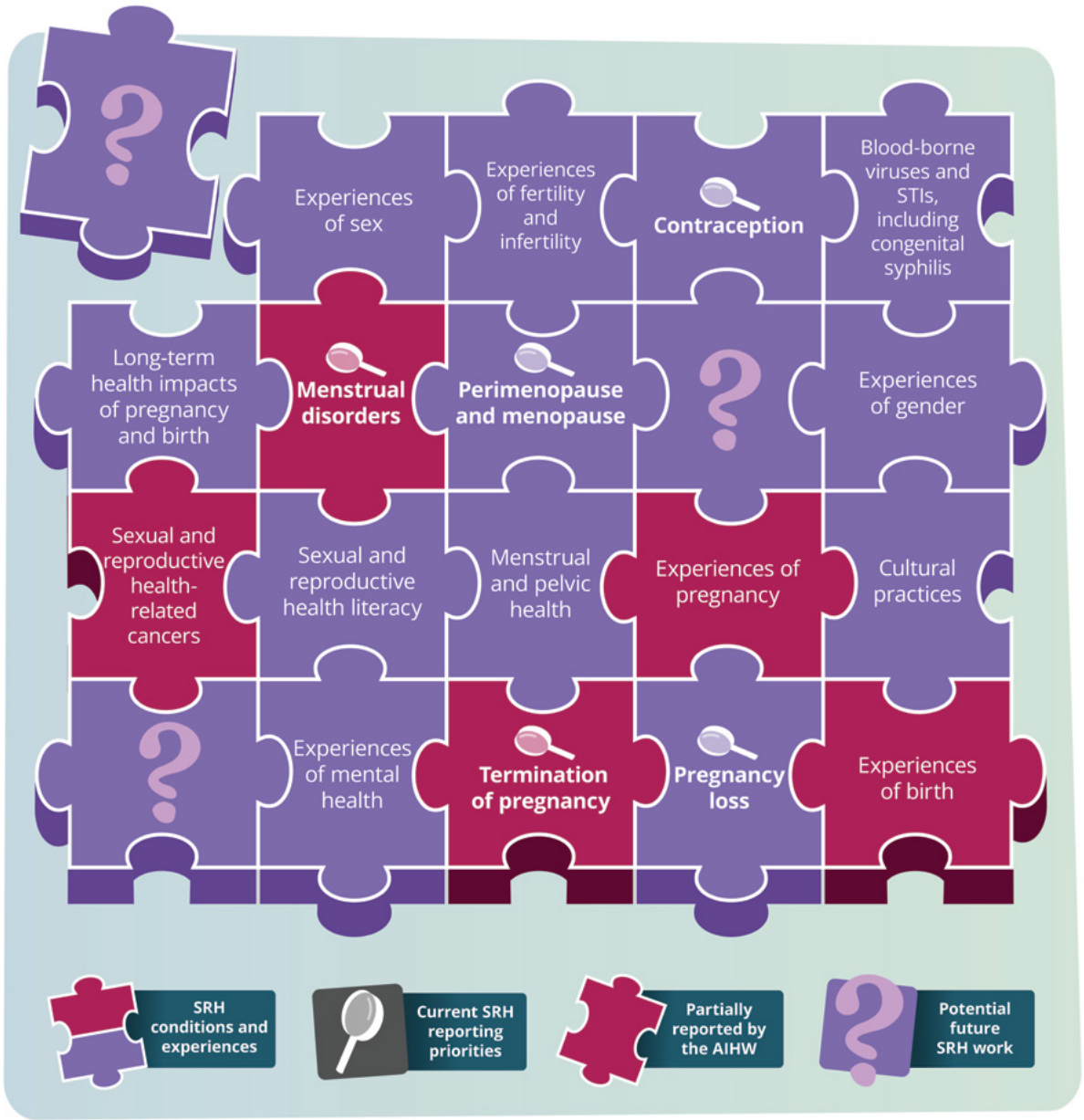
Experiences of mental health

Sexual and reproductive health literacy, including digital information including misinformation and disinformation and health promotion

Cultural practices, such as female genital cutting or circumcision

The illustration in Figure 2.1 groups these conditions and experiences using puzzle pieces, in no particular order, to represent the possible intersections between them. All pieces are the same size to represent an absence of hierarchy. The 5 initial priority topics are indicated by a magnifying glass. Some areas align with current partial reporting by the AIHW and are darker, coloured maroon. Empty pieces are included to reflect emerging or future sexual and reproductive health areas. It is designed to represent the range and complexity of people's experiences, including how different factors and life stages interact to influence health and wellbeing.

Figure 2.1: Sexual and reproductive health conditions and experiences, current priorities and potential future work



3 The Framework

The Framework provides a conceptual structure for the development, collection, analysis and reporting of sexual and reproductive health data in Australia. It is guided by an overarching question:

> **How timely, accessible and high-quality is sexual and reproductive health care for all in Australia?**

The Framework (figures 3.1 and 3.2) uses a socioecological model to show how personal experiences, health services, health systems and broader social and structural factors are connected. Together, these layers shape people's access to and experiences of sexual and reproductive health, and influence outcomes across the model.

Figure 3.1: National Sexual and Reproductive Health Monitoring Framework – an overview

The Framework has 3 levels (Figure 3.1):

- **Person:** Who is experiencing good sexual and reproductive health and care, and who is missing out?
- **Services:** How equitable are the design and delivery of sexual and reproductive health services, and are they good quality?
- **Structures:** Are policies, systems and other structures enabling effective and equitable sexual and reproductive health and care in Australia?

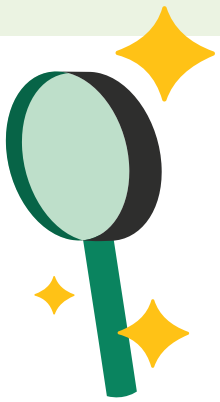
Within each level are domains (Figure 3.2) and subdomains (figures 3.3–3.5) that reflect key areas that need to be monitored to understand sexual and reproductive health in Australia and work towards answering the overarching question.

Figure 3.2: National Sexual and Reproductive Health Monitoring Framework – detailed

The following sections describe the levels of the Framework in more detail, including the domains, subdomains and outcomes (see the AIHW sexual and reproductive health topic page for more detailed descriptions of these).

Person – experiences of sexual and reproductive health and care

Who is experiencing good sexual and reproductive health and care, and who is missing out?



The first level of the Framework seeks to identify who is experiencing good sexual and reproductive health and care, and who is missing out. This level considers individual and interpersonal factors that influence sexual and reproductive health, including personal characteristics, circumstances and experiences. It also considers outcomes that relate to physical and mental health and social wellbeing.

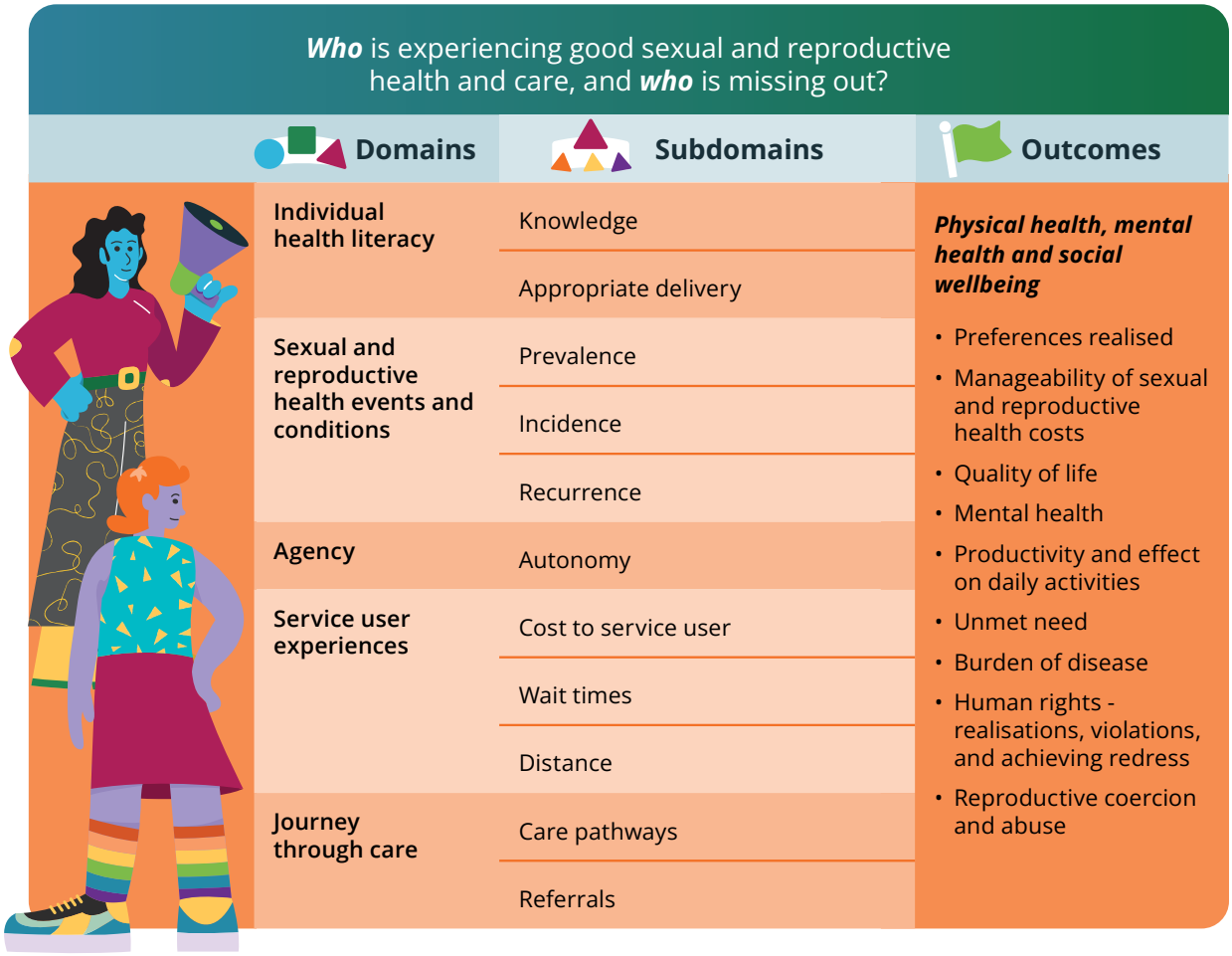
Sexual and reproductive health is complex, and experiences are not the same for everyone. A person may experience good sexual and reproductive health in some areas and not in others. Also, experiences can change over time.

Areas of measurement include whether care is timely, free from stigma, and results in positive or desired outcomes. Measures of poor sexual and reproductive health include no access to services, negative outcomes and unmet need.

Demographic variables are considered, recognising limits in data disaggregation and the complexity of intersectionality. Intersectionality refers to different characteristics and layers of identity associated with every person. People live within families, communities and the wider society, and their personal circumstances can affect behaviours, agency and autonomy, including in relation to sexual and reproductive health. Data and reporting are often limited in their ability to reflect this complexity.

AIHW analysis and reporting will seek to show patterns in sexual and reproductive health experiences, including differences within and between population groups, where possible. For example, data reported could highlight differences between rural and remote areas and metropolitan areas, such as in funding, transport barriers and service shortages. AIHW analysis and reporting will also seek to identify unmet need in specific communities and trends in outcomes over time.

Figure 3.3: Person: domains, subdomains and outcomes



Services – providing sexual and reproductive health care

How equitable is the design and delivery of sexual and reproductive health services, and are they good quality?

Sexual and reproductive health needs to be considered within the broader context of health service delivery, including primary and acute care settings. This level of the Framework focuses on how services are designed and delivered, and whether they are accessible and of high quality.

Areas of measurement include whether people are accessing the right services, the nature and quality of interactions between people and health services, and whether care pathways are appropriate, efficient and accessible to those who need them.

Workforce capability is also considered, including that for nurses, doctors, midwives, Aboriginal health workers, peer workers and providers of community-led care.

Efforts to ensure inclusion and cultural safety can differ across service models, including for Aboriginal Controlled Community Health Organisations. Community-led care can support cultural connection, resilience and positive experiences of care. Where possible, community-defined measures will be considered, including experiences of racism, trust in services, respect, and safety for women's business. In 2026, the AIHW is co-designing indicators for cultural safety and racism for First Nations people, starting with a focus on the hospital system.

Outcomes at this level include workforce capacity and support, trust in health care, inclusivity and physical and cultural safety.

Figure 3.4: Services: domains, subdomains and outcomes

How equitable are the ***design*** and ***delivery*** of sexual and reproductive health services, and are they ***good quality***?

Domains	Subdomains
Availability	Model of care (type, site, mode)
	Quantity
	Service distribution
Comprehensive	Transitions of care
	Multi-disciplinary care
	Shared decision-making
High quality and responsive to community	Consistent with clinical guidelines and/or care standards
	Confidentiality and privacy
	Peer-recommended
	Feedback processes
Inclusive	Culturally safe
	Diversity and inclusion certification
	Acceptable to and respectful of communities
	Trauma-informed
	Physically accessible
	Stigma-free
Workforce capability	Scope of practice
	Availability and allocation
	Sexual and reproductive health and interpersonal competencies in tertiary curricula (pre-service)
	Specialised sexual and reproductive health and interpersonal competencies (in-service)
Workforce support	Capability development
	Environment
	Supportive management

Outcomes

Timely, accessible good-quality and equitable sexual and reproductive health service provision that is accredited, and provided by a competent and resourced workforce

- Continuity of care
- Potentially preventable hospitalisations
- Potentially avoidable emergency department presentations
- Services provided within full scope of practice
- Complications and adverse events
- Trust in health care
- Cultural safety, free of racism
- Inclusive service provision

Structures – enabling sexual and reproductive health care

Are policies, systems and other structures enabling effective and equitable sexual and reproductive health and care in Australia?

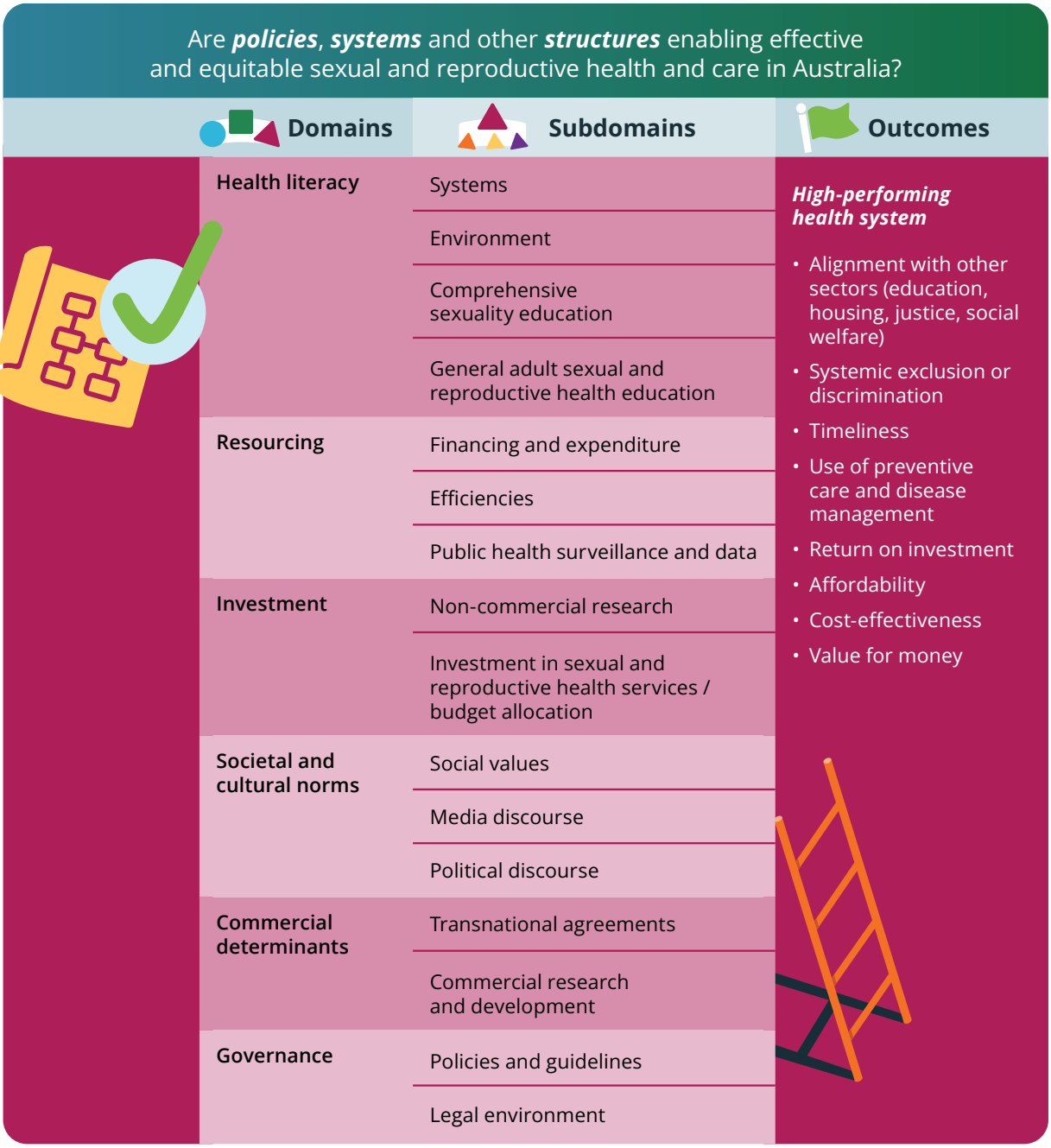
This level of the Framework considers how policies, systems and broader structures influence access to, and quality of, sexual and reproductive health care, and whether outcomes are equitable.

Structures shape how services are designed, delivered and accessed. They include societal, cultural and religious values, as well as other structural determinants of health, such as human rights and commercial factors. For example, the Organisation for Economic Co-operation and Development (OECD) highlights the need to measure the legal and social context in which sexual and reproductive health is situated, such as laws relating to access to contraception or termination of pregnancy and gender norms that impact women's agency in reproductive decision-making (OECD 2025).

Areas of measurement include the structural factors that affect the environment within which people experience sexual and reproductive health and care. Areas include the nature of health and other systems such as justice and education, governance, resourcing and investment including from the private sector, and social, cultural and religious norms.

Outcomes at this level align, where relevant, with broader health system performance measures, including those proposed in the draft Australian Health System Performance Assessment Framework.

Figure 3.5: Policies, systems and structures: domains, subdomains and outcomes



4 The approach we will take

The guiding principles listed in Box 4.1 informed the development of the Framework and will guide how it is applied and interpreted across sexual and reproductive health topics and contexts.

The collaborative processes and advisory groups for sexual and reproductive health will help promote accountability in relation to these guiding principles.

Box 4.1: Guiding principles

The Framework aspires to be:

human rights-based, recognising that all people have the right to the highest attainable standard of sexual and reproductive health, in line with rights to life, health, privacy, security, education and freedom from discrimination and torture (Melville and Corbin 2024; OHCHR 2025)

person-centred, taking a life course approach that focuses on who is, and who is not, experiencing timely, appropriate and high-quality sexual and reproductive health care

inclusive and respectful of intersectionality, highlighting similarities, differences and priorities within and between population groups through analysis, reporting, case studies and strengthened data disaggregation

outcomes-focused, considering positive, desired, negative and unintended outcomes, preferences realised and unrealised, and associated met and unmet needs

mindful of health and wellbeing, supporting a holistic understanding of sexual and reproductive health and its relationship to broader measures of health

focused on equity, considering differences in access, experiences and outcomes, beyond service availability alone

> 'Equity is the absence of unfair, avoidable, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, geographically' (WHO 2025a).

designed to support care that is safe, appropriate and informed by clinical guidance, where privacy is respected and assured and where feedback mechanisms support quality improvement and accountability

socio-ecological, recognising the relationships between individual, interpersonal, service-level and broader structural and policy factors that influence sexual and reproductive health and care

complementary to other national and global sexual and reproductive health frameworks and measurement efforts

aligned with upholding objectives and outcomes of the National Agreement on Closing the Gap (Department of the Prime Minister and Cabinet 2020) and other relevant health policies, including the *National Women's Health Strategy 2020–2030, National Men's Health Strategy 2020–2030* and the Fifth National Sexually Transmitted Infections Strategy 2024–2030.

Focus on priority populations

Some people in Australia experience inequitable health outcomes and a higher burden of disease due to social, economic and structural factors that influence their access to resources, opportunities and health care. These groups are referred to as 'priority populations' in this work program.

People's sexual and reproductive health and care may be influenced by multiple intersecting identities and experiences. People may identify with, or be affected by, more than one of these circumstances. These factors can intersect and shape people's experiences of health and health care. The Framework recognises this complexity and supports consideration of how different factors may interact to influence outcomes. Improving health equity requires approaches that recognise people's strengths, unique characteristics, preferences and lived experiences, and that support shared decision-making. Tailored, culturally safe and accessible health care and associated information are important for supporting people to have and exert agency, understand and achieve their fertility intentions and realise their human rights. They also support efforts for prevention, early intervention and management of health conditions.

The Framework aims to help improve understanding of people's experiences to inform policy and service design, and to improve equitable access to sexual and reproductive health and positive outcomes. Factors such as gender, remoteness, disability, family violence, housing insecurity and socioeconomic disadvantage can affect a person's sexual and reproductive health and access to services. Literature reviews and stakeholder consultations highlighted the importance of better understanding these experiences.

For the Framework, Data Strategy and subsequent reporting, priority populations include people from one or more of the following population groups (in alphabetical order):

- culturally and linguistically diverse people
- First Nations people
- lesbian, gay, bisexual, asexual and queer people
- older people (aged 50 and over)
- people with innate variations of sex characteristics
- transgender and gender diverse people
- young people (under 25 years).

And people with lived or living experience of:

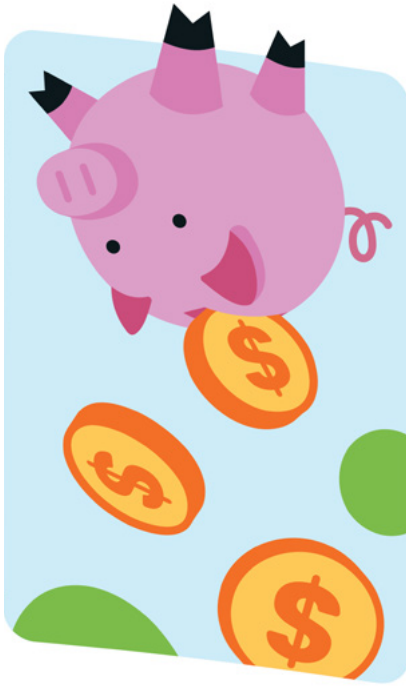
- chronic or complex health conditions and/or needs
- disability
- family, domestic and/or sexual violence, including coercive control
- ineligibility for Medicare, including those on temporary work visas such as the Pacific Australia Labour Mobility (PALM) scheme and international student visas
- living in closed settings (including prisons, detention centres or residential rehabilitation centres) and others confined within the judicial system
- living in insecurity, including unstable housing or experiencing homelessness
- living in regional, rural or remote areas
- living in residential aged care or specialist disability accommodation
- migration, including new arrivals and refugees
- neurodivergence
- reproductive coercion and abuse
- sex work
- socioeconomic disadvantage, including those not in education, employment or training
- unstable housing or homelessness.

Sexual and reproductive health data will be disaggregated in the monitoring of sexual and reproductive health experiences for priority populations in terms of what is possible using existing data, as well as by provider and service characteristics. While this is not immediately possible for all groups, improving understanding of priority populations remains a key focus of this work.

Existing data are inadequate to consistently identify and monitor health needs within and between different groups over time. Within these constraints, analysis and reporting should seek to examine how factors such as racism, remoteness, poverty and gendered violence interact and influence outcomes. Current levels of disaggregation of data limit measures of intersectionality and different experiences for different people across domains and topics. This includes challenges measuring for example experiences by disability type or severity, non-binary definitions of sex and gender, and ethnicity. Improvements to disaggregations will be a key consideration for new data development.

Where possible, gender-specific and culturally informed analyses should be done to reflect different experiences within and between groups. For example, sexual and reproductive health for First Nations women is deeply connected to culture, women's business, family, kinship and community responsibilities. Data presented against the Framework for each priority population should be interpreted and reported in consultation with relevant communities and subject matter experts, including people with lived and living experience (see 'How governance and stakeholder engagement will work').

A life course approach



Sexual and reproductive health and wellbeing evolve over a person's life. A life course approach recognises and measures experiences and access to health care at different stages of life, from birth and adolescence, through puberty to adulthood and older age. A life course approach also considers how social, institutional and political contexts shape, and sometimes limit, the pathways available to individuals (Baxter et al. 2022).

This approach supports a broader understanding of sexual and reproductive health, including, but not limited to, reproductive intentions, experiences of fertility and infertility, and the impact of both expected and unexpected, positive and negative outcomes on health and wellbeing. It also recognises that access to health services and information can vary over time and is influenced by changing circumstances, such as cost, distance to services, and other factors that may enable or limit choice.

A comprehensive understanding of sexual and reproductive health across the life course helps to inform the timing and focus of health interventions, policies and services. When applied effectively, a life course perspective to monitoring can help to identify key stages where interventions are most likely to improve health and wellbeing, and where different population groups may benefit most (Burton-Jeangros et al. 2015).

How governance and stakeholder engagement will work

Partnership and collaboration are central to the AIHW's work in relation to sexual and reproductive health. Governance and advisory arrangements support the development and implementation of the Framework and Data Strategy, ensuring they remain relevant and responsive to stakeholder needs.

The AIHW acknowledges and appreciates the contributions of the many stakeholders involved with this work and values the diverse input that has informed the development of the Framework and Data Strategy to date.

Stakeholders have consistently identified the need for improved and more consistent sexual and reproductive health data across the life course. Contributing stakeholders have included government, service providers, researchers, peak bodies, community organisations and people with lived and living experience.

Stakeholders have also emphasised the importance of data that better describe the current state of sexual and reproductive health in Australia; identify barriers to access; reflect people's needs and experiences; and support improvements in policy, services and outcomes over time. A range of governance, advisory and engagement mechanisms will be implemented to ensure this work continues to reflect stakeholder perspectives and meets identified needs.

Current governance and advisory arrangements

Governance and advisory arrangements implemented for this work include:

- **Sexual and Reproductive Health Steering Committee:** provides strategic oversight of the work program, including governance, deliverables and planning. Membership includes representatives from the AIHW and the Department of Health, Disability and Ageing
- **National Miscarriage Expert Advisory Group:** provides clinical and technical advice on data needs, sources, gaps and opportunities, and definitions related to pregnancy loss (including miscarriage) for national data collection. Terms of reference and membership are available on the AIHW website: National Miscarriage Expert Advisory Group.

Future governance and ongoing engagement

Ongoing advisory arrangements will engage data providers, communities, researchers and other stakeholders to support the implementation and future development of the Framework, Data Strategy and analysis and reporting.

Health data collection and interpretation can vary across Australia due to differences in governance, structures and models of care. Ongoing engagement with jurisdictional health departments, Primary Health Networks and non-government organisations will continue to inform and facilitate data development and ensure that analysis and reporting is fit for purpose. The involvement of community-controlled organisations, including Aboriginal Community Controlled Health Organisations, supports culturally informed interpretation and use of data.

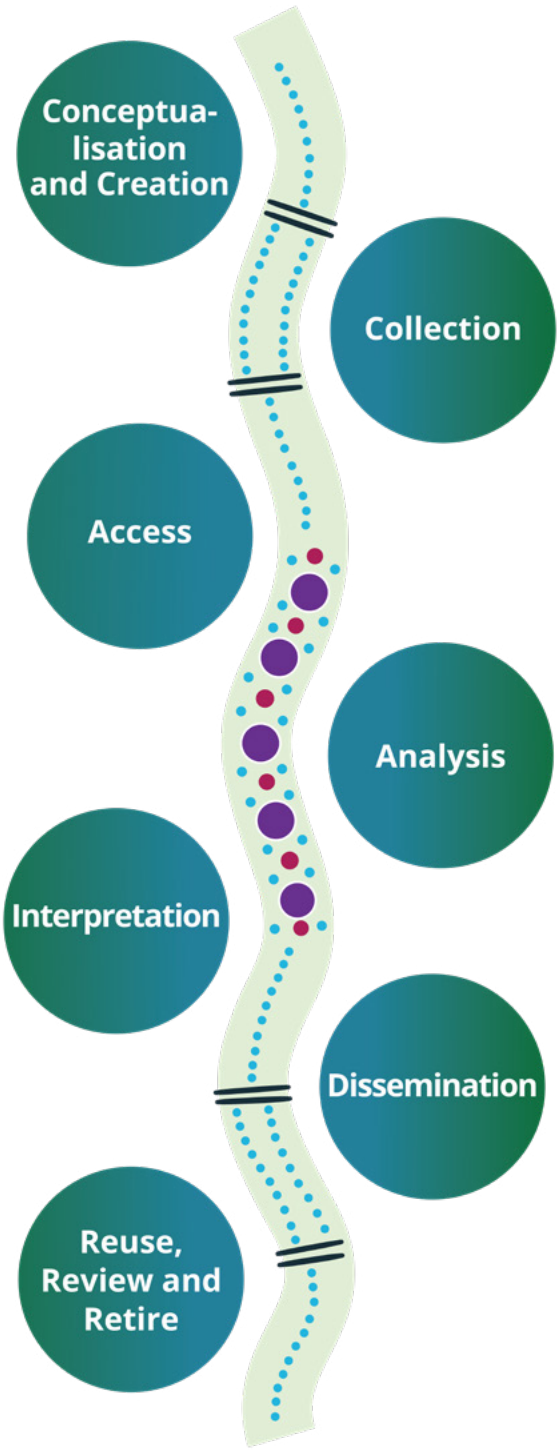
Sharing decision-making

The AIHW is committed to implementing both the Framework for Governance of Indigenous Data and its 4 guidelines, and the 4 Priority Reforms under the 2020 National Agreement on Closing the Gap (Department of the Prime Minister and Cabinet 2020, NIAA 2024). The Framework supports shared decision-making and First Nations' oversight of data and reporting.

The Framework for Governance of Indigenous Data emphasises including First Nations voices at all stages of the data life cycle. In line with this approach, we seek to support an inclusive data system by:

- partnering with communities, including First Nations people and other priority populations
- building data-related capabilities with, and for, key stakeholders
- improving awareness and understanding of data assets (Figure 4.1).

Figure 4.1: Engagement throughout the data life cycle



Source: National Indigenous Australians Agency (2024). (This figure has been adapted by editing the colour palette and adjusting the figure title for added context.)

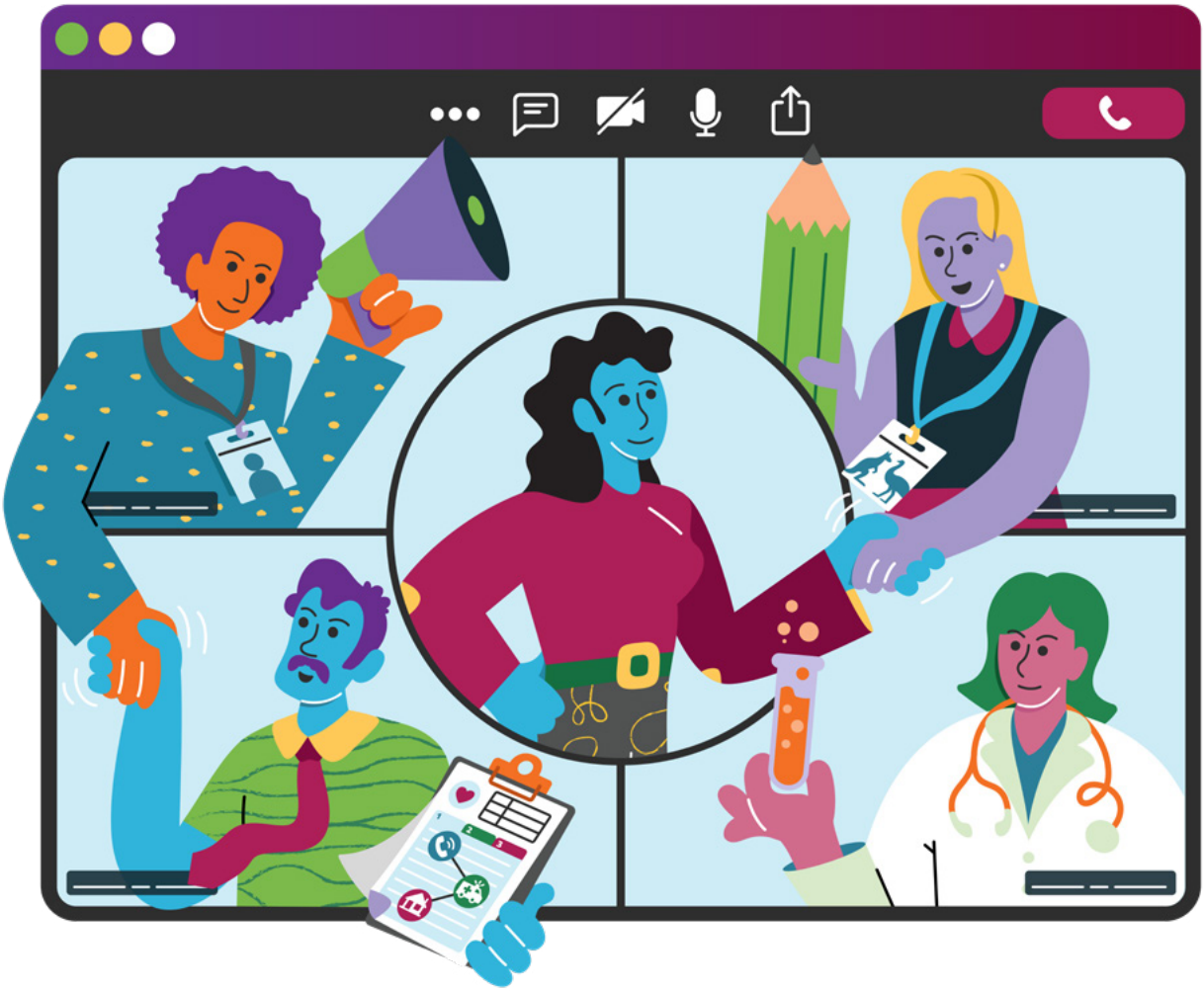
Review and refinement

The AIHW will periodically review the Framework and update the work program to reflect emerging sexual and reproductive health issues. The ongoing governance and stakeholder engagement process to review and refine the Framework will depend on resourcing and evolving information needs of stakeholders.

The AIHW will continue to work in partnership with communities and stakeholders, including people with lived and living experience, to guide the design, interpretation and reporting of sexual and reproductive health data. This will include ongoing collaboration with non-government organisations, consumer groups, sector peak bodies, clinical networks and community-controlled organisations, supported by regular feedback processes and clear progress updates.

Collaborative oversight of data analysis and reporting

Additional structures will be established to support ongoing oversight and engagement, including to ensure that data presented through the Framework is interpreted and reported in consultation with relevant communities and subject matter experts, including people with lived and living experience. These efforts will help to ensure accurate interpretation and appropriate framing of issues, including the use of strengths-based narratives and appropriate terminology. Topic-specific expert advisory panels will also be convened. The AIHW will host open fora to present draft data and discuss analysis to seek feedback and input from diverse stakeholders ahead of publication. Further details are explained in the accompanying document, *How to tell the story: a strategy for monitoring sexual and reproductive health data in Australia*.



Glossary

For the full current list of terms and definitions used in the Framework, please visit: Sexual & reproductive health Glossary – Australian Institute of Health and Welfare.

For the full current list of domain, subdomain and outcome definitions used in the context of this Framework, please visit: AIHW sexual and reproductive health topic page.

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Authorship

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